A Bariatric Surgery Pathway: Reductions in Length of Stay and Readmissions.

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INTRODUCTION
The immediate post-operative, in-patient hospital care and treatment for bariatric surgery patients in an academic, community Magnet® hospital varied.

GOAL
Address variations through design of a bariatric surgery pathway

IMPROVEMENT OPPORTUNITIES
• Postoperative nausea
• Mobility
• Liquid intake
• Pain control
• Patient teaching
• Delayed discharge due to patient need to be seen by surgeon

TACTICS
• Consistent anesthesia team
  - Standard orders for anti-emetic medications
• Definitive oral intake plan
  - Diet advancement the night of surgery
• Standard pain medications
  - Consideration of bowel impact
• Discharge teaching by a nurse navigator
• Addition of an advanced practice clinician (APC)
  - Sees patients on the medical-surgical unit to which bariatric surgery patients are assigned

PATHWAY

PRE-OP WEIGHT MANAGEMENT CENTER
Multi-system assessment
Psychiatric evaluation
Demonstrated commitment to weight loss
Intensive patient education

POST-OP DAY 0
Ambulate from litter to bed or chair with assistance
Sit in chair 2-4 hours after arriving to unit
Ambulate 30 ft x 1 with assistance
Use incentive spirometer 10 x every hour
Bariatric Phase 1 Cears Tray delivered within the hour of patient arriving to unit
30 ML every hour, no more than 150 ML
Pain control – educate the patient regarding the difference between incisional pain and gas pain. Begin oral pain meds.
Monitor nausea/vomiting – assure scopolamine patch was placed in OR
IV Fluids will be ordered

POST-OP DAY 1
Ambulate at least 20 ft x 3
Encourage use of incentive spirometer
Pain control – IV and PO meds
Monitor nausea/vomiting
Breakfast Phase 1 Cears Tray delivered at 8AM
Document all po intake
Continue IV fluids until patient discharged
Initiate discharge process

OUTCOMES
Pathway implemented July 1, 2015

Length of Stay
Bariatric Surgery = 4K South

Readmissions
Bariatric Surgery = 4K South

References:

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